## APPLICATION FOR ZONING PERMIT

## NEW RESIDENTIAL HOMES OR COMMERCIAL PROJECTS

(ONE APPLICATION MUST BE FILED FOR EACH LOT, BUILDING OR STRUCTURE)

Each application must have a site plan showing the location of the project, parking and landscaping or picture indicating accurate relevant dimension. All permits are issued to the applicant unless otherwise specified

Project Address

1 LOCATION

PLANNING DEPARTMENT 100 S Market St. Troy, OH 45373 Phone (937)339-9481, Fax (937)339-9341 www.troyohio.gov

Lot No(s)

Subdivision

OF PROJECT												
		Type of structure										
2 I	REQD INFO	Names (Please Print)			Mailing Addresses – Street, City			City	Zip Code Phone (Day time)		v time)	
	APPLICANT				Withing Fractions Street, City			Zip code	Thone (Da	y time)		
	CONTRACTOR											
	PROPERTY OWNER											
3	Lot Size		4	Cos	t of co	netruction	&r lot	5	# of stories	or hoight of	truoturo	
3	Lot Size		4	Cos	ost of construction & lot			3	# of stories or height of structure			
6	Sq ft of living area or addition		7	Sq f	ft of basement			8	Sq Ft of Ga	6q Ft of Garage		
9	Total square footage (6+7+8)							11	Basement	Yes 1	No	
				1								
12 SIGN YOUR FULL NAME							_OFF	FFICE USE ONLY				
By signing this application, I acknowledge that I am authorized by the owner to make												
this application. I agree to conform to all applicable laws of the City. I agree to allow								TYP	PE OF FEE TOTALS			
City of Troy employees to enter the property in order to complete necessary inspections.						WORK		\$				
							RESIDENTIAL		\$50 + \$1.00 per 100 sf			
							NON		\$100 +			
Date:						RESIDENTIAL			IDENTIAL	\$1.00 per 100 sf		
Fax No					TT			TTL	AMT DUE			
OFFICE USE ONLY							TTL AMT PAID					
	ZONING DISTRICT		TORIC DISTRICT			FLOOD ZONING A AE X						
		Yes No						Date:		Receipt No		
								Date.		Receipt Ivo.		
APPROVAL CONTINGENT UPON THE FOLLOWING:												
PERMIT ISSUED BY:												
									NOTES:			
• REFER TO PERMIT NO: • DATE:												